

**INTERDISTRICT PUBLIC SCHOOL CHOICE**  
**NOTICE OF INTENT TO ENROLL STUDENT**  
**IN CHOICE DISTRICT**  
**2012-13**

**TO:** Judith DeStefano-Anen, Ed. D.  
Superintendent  
Stafford Township School District  
775 E Bay Avenue  
Manahawkin NJ 08050

The undersigned, as parent(s) or legal guardian(s) of \_\_\_\_\_ certify our intention to enroll in \_\_\_\_\_ grade \_\_\_\_\_ in the Stafford Township School District for the school year beginning in September 2012. We understand that this Notice of Intent to Enroll is binding upon us and that \_\_\_\_\_ must remain enrolled in Stafford Township School District for at least the full 2012-2013 school year.

SIGN: \_\_\_\_\_ PRINT: \_\_\_\_\_  
Signature of Parent or Guardian Name of Parent or Guardian

Date: \_\_\_\_\_

SIGN: \_\_\_\_\_ PRINT: \_\_\_\_\_  
Signature of Parent or Guardian Name of Parent or Guardian

Date: \_\_\_\_\_